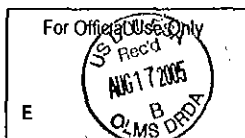


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>11479</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Randy</u> <u>J</u> <u>Stainbrook</u> P.O. Box, Bldg., Room No., if any <u></u> Street <u>5521 Meadlowlark Drive</u> City <u>Rapid City</u> State <u>South Dakota</u> ZIP Code + 4 <u>57702-9040</u>	4. Name, file number, and address of labor organization. Name <u>IBEW Local Union 1250-</u> Labor Organization File Number <u>033-431</u> P.O. Box, Building and Room Number, if any <u></u> Street <u>922 1/2 E Saint Patrick Street</u> City <u>Rapid City</u> State <u>South Dakota</u> ZIP Code + 4 <u>57701-3983</u>
5. Position in labor organization. <u>Business Manager</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u></u> Trade Name, if any: <u></u> P.O. Box, Bldg., Room No., if any <u></u> Street <u></u> City <u></u> State <u></u> ZIP Code + 4 <u></u>	7.a. Nature of Interest, Transaction, or Income. <u></u> 7.b. Amount. <u></u>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Randy J Stainbrook

On

8/11/05

Date

605-343-0954

Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name Benefit Plan Administrators

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 4510 13th Avenue South

City Fargo

State North Dakota ZIP Code + 4 58121-001

## 9. Business deals with:

- ☐ a. Labor Organization
- ☒ b. Trust
- ☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Dakotas Areawide Trust Funds

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 2901 1st Avenue North

City Fargo

State North Dakota ZIP Code + 4 58102-3001

## 11.a. Nature of such dealing.

Supper and refreshments after quarterly benefit and sub-committee meetings.

## 11.b. Approximate dollar value of such dealing.

\$110.00

## 12.a. Nature of interest held or income received.

## 12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

## 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State  ZIP Code + 4

## 14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

## 14.b. Amount of payment.

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name **McGramm, Shea, Anderson, Carnival**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any **Suite 2600**Street **800 Nicollet Mall**City **Minneapolis**State **Minnesota** ZIP Code + 4 **55402-7035**

## 9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name **Dakotas & Western Minnesota Areawide Trust Fund**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **2901 1st Avenue North**City **Fargo**State **North Dakota** ZIP Code + 4 **58102-3001**

## 11.a. Nature of such dealing.

**Supper and refreshments after quarterly benefit meetings and sub-committee meetings.**

## 11.b. Approximate dollar value of such dealing.

**\$150.00**

## 12.a. Nature of interest held or income received.

## 12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

## 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

## 14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

## 14.b. Amount of payment.

Name of Person Filing

Randy J. Stainbrook

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Chartwell Benefits Consulting

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 1050

Street 601 Carlson Parkway

City Minnetonka

State Minnesota

ZIP Code + 4 55305-5219

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Dakotas &amp; Western Minnesota Areawide Trust Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 2901 1st Avenue North

City Fargo

State North Dakota

ZIP Code + 4 58102-3001

11.a. Nature of such dealing.

Supper and refreshments after quarterly benefit meetings.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐or Consultant ☐ ?

14.b. Amount of payment.